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PTO/SB/05 (12/97)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

**Attorney Docket No.**

015351-0001

**Total Pages**

42

**First Named Inventor or Application Identifier**

Rex William Akers

**Express Mail Label No.**

ET100470483US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

**ADDRESS TO**

Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 42]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 USC 113) [Total Sheets 5]
- ☒ Oath or Declaration [Total Pages 12]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d)  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 Below]
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b)
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from  
which a copy of the oath or declaration is supplied  
under Box 4b, is considered as being part of the  
disclosure of the accompanying application and is  
hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program ((Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

8. ☒ Assignment Papers (cover sheet & documents)
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired
15. Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

**18. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label

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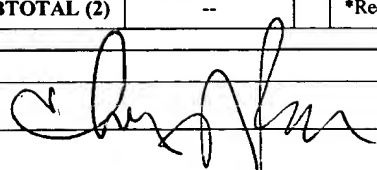
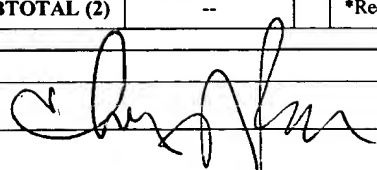
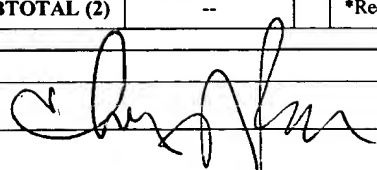
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|  |          |                          |                      |
|--|----------|--------------------------|----------------------|
| <b>FEE TRANSMITTAL</b><br><br><i>Note: Effective October 1, 1997</i><br><br><i>Patent fees are subject to annual revision.</i> |          | <b>Complete if Known</b> |                      |
|  |          | Application No.          | N/A                  |
|  |          | Filing Date              | 05/09/01             |
|  |          | First Named Inventor     | William Rex Akers    |
|  |          | Group Art Unit           | N/A                  |
|  |          | Examiner Name            | N/A                  |
| TOTAL AMOUNT OF PAYMENT  | \$453.00 | Attorney Docket Number   | 015351-0001 (B69465) |

| <b>METHOD OF PAYMENT (check one)</b><br>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit <span style="border: 1px solid black; padding: 2px;">01-0657</span><br>Account Number<br>Deposit <span style="border: 1px solid black; padding: 2px;">Akin Gump Strauss Hauer &amp; Feld</span><br>Account Name<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance<br><input type="checkbox"/> Treat any future replay requiring an extension of time as incorporating a request therefor.   |   |                |               | <b>FEE CALCULATION (continued)</b><br>3. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td></td> <td></td> <td></td> <td></td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td></td> <td></td> <td></td> <td></td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td></td> <td></td> <td></td> <td></td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td></td> <td></td> <td></td> <td></td> <td>Requesting publication of SIR prior to Examiner Action</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td></td> <td></td> <td></td> <td></td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td></td> <td></td> <td></td> <td></td> <td>Requesting publication of SIR after to Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td></td> <td></td> <td></td> <td></td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td></td> <td></td> <td></td> <td></td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td></td> <td></td> <td></td> <td></td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td></td> <td></td> <td></td> <td></td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td></td> <td></td> <td></td> <td></td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td></td> <td></td> <td></td> <td></td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td></td> <td></td> <td></td> <td></td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td></td> <td></td> <td></td> <td></td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td></td> <td></td> <td></td> <td></td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td></td> <td></td> <td></td> <td></td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td></td> <td></td> <td></td> <td></td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td></td> <td></td> <td></td> <td></td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td></td> <td></td> <td></td> <td></td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td></td> <td></td> <td></td> <td></td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td></td> <td></td> <td></td> <td></td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td></td> <td></td> <td></td> <td></td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td></td> <td></td> <td></td> <td></td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td></td> <td></td> <td></td> <td></td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40.00</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td></td> <td></td> <td></td> <td></td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td></td> <td></td> <td></td> <td></td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="9">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="9">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="9">*Reduced by Basic Filing Fee Paid</td> <td></td> </tr> <tr> <td colspan="9"><b>SUBTOTAL (3)</b></td> <td><b>40.00</b></td> </tr> </tbody> </table> |           |          |          | Large  | Entity        | Small    | Entity   | Fee Code        | Fee (\$) | Fee Code               | Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205                               | 65 |                    |        |     |     | Surcharge - late filing fee or oath |     | 127 | 50 | 227 | 25 |  |  |                     |     | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130       | 139   | 130 |                  |  |                       |                | Non-English specification |          | 147       | 2,520   | 147 | 2,520 |   |  |     |     | Requesting publication of SIR prior to Examiner Action |        | 112                     | 920*    | 112 | 920* |                        |  |                     |  | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* |  |               |  |  | Requesting publication of SIR after to Examiner action |  | 115          | 110   | 215            | 55       |    |      |   |             | Extension for reply within first month |     | 116 | 390          | 216                       | 195 |   |               |  |  | Extension for reply within second month |  | 117 | 890 | 217 | 445 |  |  |  |  | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 |  |  |  |  | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 |  |  |  |  | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 |  |  |  |  | Notice of Appeal |  | 120 | 310 | 220 | 155 |  |  |  |  | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 |  |  |  |  | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 |  |  |  |  | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 |  |  |  |  | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 |  |  |  |  | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 |  |  |  |  | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 |  |  |  |  | Design issue fee |  | 144 | 600 | 244 | 300 |  |  |  |  | Plant issue fee |  | 122 | 130 | 122 | 130 |  |  |  |  | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 |  |  |  |  | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 |  |  |  |  | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 |  |  |  |  | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 710 | 246 | 355 |  |  |  |  | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 |  |  |  |  | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  |  |  |  |  | <b>40.00</b> |
|---|---|----------------|---------------|---|-----------|----------|----------|--|---------------|----------|----------|-----------------|----------|------------------------|----------|-----------------|----------|-----|-----|-----------------------------------|----|--------------------|--------|-----|-----|-------------------------------------|-----|-----|----|-----|----|--|--|---------------------|-----|---|-----|-----|-----------|---|-----|------------------|--|-----------------------|----------------|---------------------------|----------|-----------|---|-----|-------|---|--|-----|-----|--|--------|-------------------------|---------|-----|------|------------------------|--|---------------------|--|--|--|-----|--------|-----|--------|--|---------------|--|--|--|--|--------------|-------|----------------|----------|----|------|---|-------------|--|-----|-----|--------------|---------------------------|-----|---|---------------|--|--|---|--|-----|-----|-----|-----|--|--|--|--|--|--|-----|-------|-----|-----|--|--|--|--|---|--|-----|-------|-----|-----|--|--|--|--|--|--|-----|-----|-----|-----|--|--|--|--|------------------|--|-----|-----|-----|-----|--|--|--|--|--|--|-----|-----|-----|-----|--|--|--|--|--------------------------|--|-----|-------|-----|-------|--|--|--|--|---|--|-----|-----|-----|----|--|--|--|--|----------------------------------|--|-----|-------|-----|-----|--|--|--|--|------------------------------------|--|-----|-------|-----|-----|--|--|--|--|--------------------------------|--|-----|-----|-----|-----|--|--|--|--|------------------|--|-----|-----|-----|-----|--|--|--|--|-----------------|--|-----|-----|-----|-----|--|--|--|--|-------------------------------|--|-----|----|-----|----|--|--|--|--|---|--|-----|-----|-----|-----|--|--|--|--|---|--|-----|----|-----|----|--|--|--|--|--|-------|-----|-----|-----|-----|--|--|--|--|---|--|-----|-----|-----|-----|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--------------|
| Large   | Entity  | Small          | Entity        | Fee Code  | Fee (\$)  | Fee Code | Fee (\$) | Fee Description  | Fee Paid      |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 105   | 130   | 205            | 65            |   |           |          |          | Surcharge - late filing fee or oath  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 127   | 50  | 227            | 25            |   |           |          |          | Surcharge - late provisional filing fee or cover sheet.                    |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 139   | 130   | 139            | 130           |   |           |          |          | Non-English specification  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 147   | 2,520   | 147            | 2,520         |   |           |          |          | Requesting publication of SIR prior to Examiner Action                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 112   | 920*  | 112            | 920*          |   |           |          |          | Requesting publication of SIR prior to Examiner action                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 113   | 1,840*  | 113            | 1,840*        |   |           |          |          | Requesting publication of SIR after to Examiner action                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 115   | 110   | 215            | 55            |   |           |          |          | Extension for reply within first month                                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 116   | 390   | 216            | 195           |   |           |          |          | Extension for reply within second month                                    |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 117   | 890   | 217            | 445           |   |           |          |          | Extension for reply within third month                                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 118   | 1,390   | 218            | 695           |   |           |          |          | Extension for reply within fourth month                                    |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 128   | 1,890   | 228            | 945           |   |           |          |          | Extension for reply within fifth month                                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 119   | 310   | 219            | 155           |   |           |          |          | Notice of Appeal   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 120   | 310   | 220            | 155           |   |           |          |          | Filing a brief in support of an appeal                                     |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 121   | 270   | 221            | 135           |   |           |          |          | Request for oral hearing   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 138   | 1,510   | 138            | 1,510         |   |           |          |          | Petition to institute a public use proceeding                              |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 140   | 110   | 240            | 55            |   |           |          |          | Petition to revive - unavoidable   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 141   | 1,240   | 241            | 620           |   |           |          |          | Petition to revive - unintentional   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 142   | 1,240   | 242            | 620           |   |           |          |          | Utility issue fee (or reissue)   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 143   | 440   | 243            | 220           |   |           |          |          | Design issue fee   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 144   | 600   | 244            | 300           |   |           |          |          | Plant issue fee  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 122   | 130   | 122            | 130           |   |           |          |          | Petitions to the Commissioner  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 123   | 50  | 123            | 50            |   |           |          |          | Petitions related to provisional applications                              |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 126   | 180   | 126            | 180           |   |           |          |          | Submission of Information Disclosure Stmt                                  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 581   | 40  | 581            | 40            |   |           |          |          | Recording each patent assignment per property (times number of properties) | 40.00         |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 146   | 710   | 246            | 355           |   |           |          |          | Filing a submission after final rejection (37 CFR 1.129(a))                |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 149   | 710   | 249            | 355           |   |           |          |          | For each additional invention to be examined (37 CFR 1.129(b))             |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Other fee (specify) _____   |   |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Other fee (specify) _____   |   |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| *Reduced by Basic Filing Fee Paid   |   |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| <b>SUBTOTAL (3)</b>   |   |                |               |   |           |          |          |  | <b>40.00</b>  |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| <b>1. FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td></td> <td></td> <td></td> <td></td> <td>Utility filing fee</td> <td>355.00</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td></td> <td></td> <td></td> <td></td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td></td> <td></td> <td></td> <td></td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td></td> <td></td> <td></td> <td></td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>217</td> <td>75</td> <td></td> <td></td> <td></td> <td></td> <td>Provisional Filing fee</td> <td></td> </tr> <tr> <td colspan="9"><b>SUBTOTAL (1)</b></td> <td><b>355.00</b></td> </tr> </tbody> </table> |   |                |               | Large   | Entity    | Small    | Entity   | Fee Code   | Fee (\$)      | Fee Code | Fee (\$) | Fee Description | Fee Paid | 101                    | 710      | 201             | 355      |     |     |                                   |    | Utility filing fee | 355.00 | 106 | 320 | 206                                 | 160 |     |    |     |    | Design filing fee                                      |  | 107                 | 490 | 207   | 245 |     |           |   |     | Plant filing fee |  | 108                   | 710            | 208                       | 355      |           |   |     |       | Reissue filing fee  |  | 114 | 150 | 217  | 75     |                         |         |     |      | Provisional Filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |     |        |     |        |  | <b>355.00</b> | <b>2. Claims</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>-20=</td> <td>2</td> <td>X 9 = 18.00</td> </tr> <tr> <td>4</td> <td>-3=</td> <td>1</td> <td>X 40 = 40.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>0</td> <td>X 135 = 58.00</td> </tr> </tbody> </table> |  |  |  | Total Claims | Extra | Fee from below | Fee Paid | 22 | -20= | 2 | X 9 = 18.00 | 4                                      | -3= | 1   | X 40 = 40.00 | Multiple Dependent Claims |     | 0 | X 135 = 58.00 |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Large   | Entity  | Small          | Entity        | Fee Code  | Fee (\$)  | Fee Code | Fee (\$) | Fee Description  | Fee Paid      |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 101   | 710   | 201            | 355           |   |           |          |          | Utility filing fee   | 355.00        |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 106   | 320   | 206            | 160           |   |           |          |          | Design filing fee  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 107   | 490   | 207            | 245           |   |           |          |          | Plant filing fee   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 108   | 710   | 208            | 355           |   |           |          |          | Reissue filing fee   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 114   | 150   | 217            | 75            |   |           |          |          | Provisional Filing fee   |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| <b>SUBTOTAL (1)</b>   |   |                |               |   |           |          |          |  | <b>355.00</b> |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Total Claims  | Extra   | Fee from below | Fee Paid      |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 22  | -20=  | 2              | X 9 = 18.00   |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 4   | -3=   | 1              | X 40 = 40.00  |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Multiple Dependent Claims   |   | 0              | X 135 = 58.00 |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| <b>Large Entity Small Entity</b><br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims independent claims over original patent</td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL (2)</b></td> <td><b>--</b></td> </tr> </tbody> </table>   |   |                |               | Fee Code  | Fee (\$)  | Fee Code | Fee (\$) | Fee Description  | Fee Paid      | 103      | 18       | 203             | 9        | Claims in excess of 20 |          | 102             | 80       | 202 | 40  | Independent claims in excess of 3 |    | 104                | 270    | 204 | 135 | Multiple dependent claim            |     | 110 | 18 | 210 | 9  | Reissue claims independent claims over original patent |  | <b>SUBTOTAL (2)</b> |     |   |     |     | <b>--</b> | <b>SUBMITTED BY</b><br><table border="1"> <tr> <td>Typed or Printed Name</td> <td>Chris J. Rourk</td> <td>Date</td> <td>05/09/01</td> </tr> <tr> <td>Signature</td> <td></td> <td></td> <td></td> </tr> </table> |     |                  |  | Typed or Printed Name | Chris J. Rourk | Date                      | 05/09/01 | Signature |  |     |       | <b>Complete (if applicable)</b><br><table border="1"> <tr> <td>Reg. Number</td> <td>39,348</td> </tr> <tr> <td>Deposit Account User ID</td> <td>01-0657</td> </tr> </table> |  |     |     | Reg. Number  | 39,348 | Deposit Account User ID | 01-0657 |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Fee Code  | Fee (\$)  | Fee Code       | Fee (\$)      | Fee Description   | Fee Paid  |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 103   | 18  | 203            | 9             | Claims in excess of 20  |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 102   | 80  | 202            | 40            | Independent claims in excess of 3   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 104   | 270   | 204            | 135           | Multiple dependent claim  |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| 110   | 18  | 210            | 9             | Reissue claims independent claims over original patent  |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| <b>SUBTOTAL (2)</b>   |   |                |               |   | <b>--</b> |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Typed or Printed Name   | Chris J. Rourk  | Date           | 05/09/01      |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Signature   |  |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Reg. Number   | 39,348  |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |
| Deposit Account User ID   | 01-0657   |                |               |   |           |          |          |  |               |          |          |                 |          |                        |          |                 |          |     |     |                                   |    |                    |        |     |     |                                     |     |     |    |     |    |  |  |                     |     |   |     |     |           |   |     |                  |  |                       |                |                           |          |           |   |     |       |   |  |     |     |  |        |                         |         |     |      |                        |  |                     |  |  |  |     |        |     |        |  |               |  |  |  |  |              |       |                |          |    |      |   |             |  |     |     |              |                           |     |   |               |  |  |   |  |     |     |     |     |  |  |  |  |  |  |     |       |     |     |  |  |  |  |   |  |     |       |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |  |  |     |     |     |     |  |  |  |  |                          |  |     |       |     |       |  |  |  |  |   |  |     |     |     |    |  |  |  |  |                                  |  |     |       |     |     |  |  |  |  |                                    |  |     |       |     |     |  |  |  |  |                                |  |     |     |     |     |  |  |  |  |                  |  |     |     |     |     |  |  |  |  |                 |  |     |     |     |     |  |  |  |  |                               |  |     |    |     |    |  |  |  |  |   |  |     |     |     |     |  |  |  |  |   |  |     |    |     |    |  |  |  |  |  |       |     |     |     |     |  |  |  |  |   |  |     |     |     |     |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |              |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Patent Application of Akers, et al. :  
Being Filed Herewith :  
For: System and Method for Electronic Medical : Attorney Docket  
File Management : No. 015351.0001/B69465

**BOX PATENT APPLICATION**

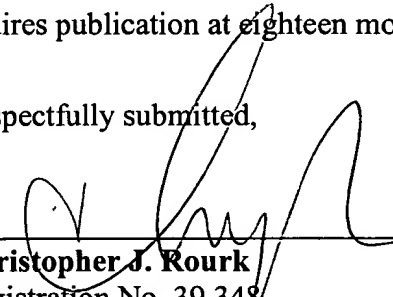
Assistant Commissioner for Patents  
Washington, D.C. 20231

**REQUEST FOR NONPUBLICATION OF APPLICATION  
UNDER 35 U.S.C. § 122(b)  
(37 C.F.R. § 1.213(a))**

1. This request is being submitted with this application on filing.
2. **It is requested that this application not be published under 35 U.S.C. 122(b).**
3. This is to certify that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Respectfully submitted,

5/9/2009  
(Date)

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